(To be filled ► DLN:	d up by the BIR)				PSO	DC:	►	PSIC:
Eill in all a	Republika ng Pi Kagawaran ng F Kawanihan ng F	Pananalapi	of Income Compensation an		Vithhel	d on	16	Form No. 604-CF 2008 (ENCS)
1 For the (YYYY)	Year		ended Return?	es No	3	No of Sheets Atta	ched	
Part I			Background Inf	formation	Line of Bus	inees/		
	i		5 RDO Cod		Occupati	on 🕨		Talauhana Na
7 Withhol ►	loing Agent's Nam	ie (Last Name, First Na	me, Middle Name for Individua	is)/(Registered Nar	me for INON-IN	aividuais)		Telephone No.
9 Registe ►	ered Address						10	Zip Code
		g/overremittance after the fund/s to your employee/s	year-end adjustment on c	ompensation, lo		es, specify date of refund	•	
12 Total A	mount of Overrem thheld under Com	littance on	13 Mont	n of First Creditin		14 Category of W	/ithholdi ivate	ing Agent Government
Part II Schedule 1			<u>Summary</u> Remittance	of Rem			vale	
MONTH	DATE OF	NAME OF BANK/BANK CODE/	TAXES WITHHELD	ADJUSTME		PENALTIES		
JAN	REMITTANCE	ROR NO., IF ANY						REMITTED
FEB MAR								
APR MAY								
JUN JUL								
AUG								
SEP OCT								
NOV DEC								
TOTAL Schedule 2	D		Remittance	n er BIB	Form	N o. 1601-F		
MONTH	DATE OF	NAME OF BANK/BANK COD	E/ TAXES	•		LTIES		TOTAL AMOUNT
JAN	REMITTANCE	ROR NO., IF ANY	WITHHEI	_D	FLINA			REMITTED
FEB MAR								
APR MAY								
JUN								
JUL AUG								
SEP OCT								
NOV DEC								
TOTAL								
Schedule 3	DATE OF	NAME OF BANK/BANK CODE/	Remittance TAXES		Form			TOTAL AMOUNT
MONTH JAN	REMITTANCE	ROR NO., IF ANY	WITHHEI	_D	PEN	ALTIES		REMITTED
FEB MAR								
APR								
MAY JUN								
JUL AUG								
SEP OCT								
NOV DEC								
TOTAL								
Schedule 4	DATE OF	NAME OF BANK/BANK CODE/	Remittance TAXES					TOTAL AMOUNT
QUARTER 1ST QTR	REMITTANCE	ROR NO., IF ANY	WITHHE		PEN	ALTIES		REMITTED
2ND QTR 3RD QTR								
4TH QTR TOTAL								
We decla knowledge ar		correct, pursuant to the prov	ration has been made in good isions of the National Internal				Stam	np of Receiving Office and Date of Receipt
15	Author	ident/Principal Officer/Accred rized Representative/Taxpaye gnature Over Printed Name)	u	Treasurer/Ass (Signature Ove				
	itle/Position of Signat	tory TIN	l of Signatory		on of Signatory Signatory	/		
Tax Age	III ACC. NO./ATTY'S RO	UNU. (IT applicable) DATE OT ISSUA	nice Date of Expiry		orginatory			

			A 1	L - L - P L P - L		/	BIR Form 1	604-CF (E	NCS) - PAGE 2		
Part	III edule 5						from whom Taxes				
SEQ NO.	TIN	NAME C (Last Name Middle Name	PF PAYEES e, First Name, e for Individuals, for Non - Individuals	ADDRESS OF PAYEES	* STATUS (As to Resid Nationality)	ATC	NATURE OF INCOME PAYMENT (Refer to BIR Form No. 1601-F)		AMOUNT OF INCOME PAYMENT	RATE OF TAX	AMOUNT OF TAX WITHHELD (Not Creditable)
(1)	(2)		(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10)
								Р			Р
-		1									
Tota	I										Р
	edule 6										ed Under BIR Form No. 230
SE NC (1	D.	TIN (2)	NAM Last Name (3a)	IE OF EMPLO First Name (3b)	YEES Middle Na (3c)	me (4	FRINGE BE		GROSSED MONETA VALUE (6)	RY	AMOUNT OF TAX WITHHELD (NOT CREDITABLE) (7)
							Р		Р		Р
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T -											
Tota		ne Philippines		t Alien Individuals	C Non	Decident Ali	P en Engaged in Business	- D	P Non-Resident Alien	net Ence	P P

A - Citizens of the Philippines B - Resident Alien Individuals C - Non-Resident Alien Engaged in Business D - Non-Resident Alien not Engaged in Bu E - Domestic Corporation F - Resident Foreign Corp. G - Non-Resident Foreign Corp. H - Alien employees of oil exploration service contractors and subcontractors, offshore banking units and regional or area headquarters of multinational corporations

ALPHABETICAL LIST OF EMPLOYEES/PAYEES FROM WHOM TAXES WERE WITHHELD (FORMAT ONLY)

(Use Sch		5 for Minimum \	Vage Earner)							المراجع				-							
Schedul	e 7.1					(Use the s				prepare a separate colum					yment.						
										ed in computing the tax du											
SEQ	e 7.2 TIN	NAME (OF EMPLOYEES		F EMPLOYEES W	HOSE COMPE	INSATION INCOME	ARE EXEM	PT FROM GROSS C	WITHHOLDING TAX BUT SUB. OMPENSATION INCOME	JECT TO INCOM	ETAX (Reporte	ed Under E	BIR Form No. 2316) (Appl	icable from Jan	uarv 1 to Jul	v 5. 2008)		Net	1	
NO			rst Middle	Gross			NON - TAXABLE SSS,GSIS,PHIC, & Pag - ibig					xable/Exempt		TAXABLE		EMPTION		Premium Paid	Taxable	Tax Due	
		Name Na	me Name	Compensation Income	13th Month Pay & Other Benefits	De Minimis Benefits	Contributions	HIC, & Pag - i , and Union D	big ues	Salaries & Other Forms of Compensation		ensation ome	Basic Salary	Salaries & Other Forms of Compensation	Code	Amo	ount	on Health and/or Hospital	Compensation Income		
(1)	(2)	(3a) (3	b) (3c)	4(a)	4(b)	4(c)		4(d)		4(e)	4		4(g)	4(h)	(5a)	(5b)	Insurance (6)	(7)	(8)	
																_					
			TOTALS	Р	Р	Р	Р		Р)	Р		Р	Р		Р		P	Р	Р	
Schedul	e 7.3			-	•	ALPHA	ALIST OF EMPLOY	EES AS OF	DECEMBE	R 31 WITH NO PREVIOUS EMI	PLOYER WITHIN	THE YEAR (Re	ported Un	der BIR Form No.2316)					-		
SEQ NO	TIN		DF EMPLOYEES	Gross					ON - TAXA			5 COMPENSATION					AXABLE				
NU			rst Middle me Name	Compensation	13th Month Pay	De Minimis	SSS,GSIS,P	HIC, & Pag - i		Salaries & Other Forms	Total Non-Ta	xable/Exempt	Basic	13th Month				Other Forms	Total	Taxable	
(1)	(0)	(3a) (3	b) (3c)	Income 4(a)			Contributions, and Union Dues 4(d)		ues	of Compensation 4(e)		tion Income (f)	Salary	& Other Benefits 4(h)			of Comp 4(ensation	Compensation Income		
(1)	(2)	(3d) (3	D) (3C)	÷(α)	4(0)	4(0)	4(d)			4(e)		(1)	4(q) 4(h)				T.	')		4(j)	
				-	_	_	_				_		_	-		_			-		
			TOTALS	Р	Р	Р	Р		P	,	P		Р	P		Р			Р		
Schedul	e 7.3 (co	ntinuation) Prer	nium Paid on	Net	<u>г т</u>	AX DUE		ALIST OF EM AX WITHHEL		AS OF DECEMBER 31 WITH		<u>MPLOYER WITHII</u> DJUSTMENT (10a		AR		AMC	UNT OF T	AX	Sub	stituted	
EXEM	PTION	He	alth and/or	Taxable		NDEC.)	(JAN NOV.)			WITHHELD	(OVER WITHHELD TAX		v	VITHHELD		Fi	ling?	
Code	Amount	Hosp	ital Insurance	Compensation Income						AND P. IN DEC	AID FOR CEMBER			REFUNDED TO EMPLOYEE	(ADJUSTE d in BIR Fo	D orm No. 2316)	Ye	es/No	
(5a)	(5b)		(6)	(7)		(8)		(9)			= (8) - (9)			(10b)=(9) - (8)	,		+10a) or (9			(12)	
<u> </u>				+															 		
	Р	Р		P	Р		P		P)			Р		Р						
	e 7.4					ALPH	ALIST OF EMPLOY	YEES AS OF	DECEMB	ER 31 WITH PREVIOUS EMPLO				ler BIR Form No. 2316)							
SEQ NO	TIN	NAME	OF EMPLOYEES	Gross						PREVIOUS EMPLOYE		OMPENSATION IN	NCOME					PRESEN	T EMPLOYER		
NO			rst Middle	Compensation			NON - TAXABLE						TAXA					NON	TAXABLE		
		Name Na	me Name	Income	13th Month Pay & Other	De Minimis Benefits	SSS,GSIS,F Pag - ibig Cont	PHIC & ributions.	Sala Other		Basic Salary	13th Month & Other		Salaries & Other Forms	Total Taxable (Previous Employ	13th Month er) Pay & Othe	De Minimis I	SSS,GSIS,PHIC & Pag - ibig Contribution	Salaries & s, Other Forms	Total Non-Taxable Compensation Income	
	(2)	(0)	b) (3c)		Benefits		and Union		Of Comp	ensation (Previous)	-	Benefits (4h)		of Compensation	,	Benefits	Benefits	and Union Dues (4m)	of Compensation	(Present)	
(1)	(2)	(3a) (3	b) (3c)	(4a)	(4b)	(4c)	(4d)		(4	e) (4f)	(4q)	(41)		(4i)	(4j= 4g+4h+4i	(4K)	(41)	(411)	(4n)	(40)	
			TOTALS	P P		Р	Р		Р	Р	Р	Р		Р	Р	Р	Р	P	Р	Р	
Schedul		ntinuation)	0.450				CEMBER 31 WITH			R/S WITHIN THE YEAR		TA 1/ 14/1			VEAD			0			
Schedul		ntinuation) PRESENT EMPL TAXABLE	OYER	Total Compensation	IST OF EMPLOYE Total Ta (Previous 8	xable	EXEMPTION	PREVIOUS I Premium F Health a	Paid on	Net TAX Taxable DUE		(JAN.	THHELD - NOV.)		AMOUNT	END ADJUS	OVER	WITHHELD TAX	WIT	IT OF TAX HHELD	
Basic	13th Mo	PRESENT EMPL TAXABLE	Salaries &	Total	Total Ta	xable Present		Premium F Health a Hospi	Paid on nd/or tal	Net TAX Taxable DUE Compen- (JAN	PRE	(JAN. · /IOUS		PRESENT	AMOUNT & PAID	W/HELD FOR	OVER	WITHHELD TAX FUNDED TO	WIT AS AE	HHELD JUSTED	
Basic Salary	13th Mo & C Ber	PRESENT EMPL TAXABLE onth Pay ther efits	Salaries & Other Forms of Compensation	Total Compensation Present	Total Ta (Previous & Employ	axable A Present rers)	EXEMPTION Code Amount	Premium F Health a Hospi Insurar	Paid on nd/or tal	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL	(JAN /IOUS .OYER		EMPLOYER	AMOUNT & PAID IN DECE	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO EMPLOYEE	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED BIR Form No. 2316 present employer)	
Basic	13th Mo & C Ber	PRESENT EMPL TAXABLE onth Pay ther	Salaries & Other Forms	Total Compensation	Total Ta (Previous 8	axable A Present rers)	EXEMPTION	Premium F Health a Hospi	Paid on nd/or tal	Net TAX Taxable DUE Compen- (JAN sation DEC.)	EMPL	(JAN. · /IOUS			AMOUNT & PAID	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED 1 BIR Form No. 2316	
Basic Salary	13th Mo & C Ber	PRESENT EMPL TAXABLE onth Pay ther efits	Salaries & Other Forms of Compensation	Total Compensation Present	Total Ta (Previous & Employ	axable A Present rers)	EXEMPTION Code Amount	Premium F Health a Hospi Insurar	Paid on nd/or tal	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL	(JAN /IOUS .OYER		EMPLOYER	AMOUNT & PAID IN DECE	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO EMPLOYEE	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED BIR Form No. 2316 present employer)	
Basic Salary	13th Mo & C Ber	PRESENT EMPL TAXABLE onth Pay ther efits	Salaries & Other Forms of Compensation	Total Compensation Present	Total Ta (Previous & Employ	axable A Present rers)	EXEMPTION Code Amount	Premium F Health a Hospi Insurar	Paid on nd/or tal	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL	(JAN /IOUS .OYER		EMPLOYER	AMOUNT & PAID IN DECE	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO EMPLOYEE	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED BIR Form No. 2316 present employer)	
Basic Salary (4p) P Schedul	13th Mo & C Ber (4	PRESENT EMPL TAXABLE onth Pay ther efits	Salaries & Other Forms of Compensation	Total Compensation Present	Total Ta (Previous & Employ	axable A Present rers)	EXEMPTION Code Amount	Premium F Health a Hospi Insurar (6) P	Paid on nd/or tal nce P	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income	EMPL (S	(JAN. / /IOUS OYER la) BIR Form No. 231	- NOV.) P 16)	EMPLOYER (9b)	AMOUNT & PAID IN DECE	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO EMPLOYEE	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED BIR Form No. 2316 present employer)	
Basic Salary (4p) P Schedul SEQ	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay ther efits Q) P	Salaries & Other Forms of Compensation	Total Compensation Present (4s = 4p+4q+4r) P	Total Ta (Previous & Employ	axable A Present rers)	EXEMPTION Code Amount	Premium F Health a Hospi Insurar (6) P	Paid on nd/or tal nce P	Net TAX Taxable DUE Compen- (JAN sation DEC.) (7) (8)	EMPL (S	(JAN. OVER ha) BIR Form No. 231	- NOV.) P 16) 54 HON IN	EMPLOYER (9b) COME	AMOUNT & PAID IN DECE	W/HELD FOR MBER	OVER RE	WITHHELD TAX FUNDED TO EMPLOYEE	WIT AS AD (To be reflected in issued by the p	HHELD DJUSTED BIR Form No. 2316 present employer)	
Basic Salary (4p) P Schedul	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay efits q) P NAME (Last Fi	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle	Total Compensation Present (4s = 4p+4q+4r) P P	Total Ta (Previous 8 Employ (4t = 4j	ixable k Present ers) + 4s)	EXEMPTION Code Amount (5a) P	Premium F Health a Hospi Insurar (6) P ALPHA	Paid on nd/or tal nce P ALIST OF I	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income (7) (8) P P MINIMUM WAGE EARNERS (EMPL (S P (Reported Under (ABLE	(JAN. OYER Ja) BIR Form No. 231 BIR Form No. 231 DHOSS COMPENS PREVIOUS E	- NOV.) P 16) 54 HON IN 54 HON IN	EMPLOYER (9b) COME	AMOUNT & PAID IN DECE (10a)=(8)-	W/HELD FOR MBER (9a+9b)	OVER RE (10	WITHHELD TAX FFUNDED TO MPLOYEE b)=(9a+9b)-(8)	WIT AS AD (To be reflected in issued by the p	HHELD JJUSTED BIR Form No. 2316 resent employer) Ja) or (9b-10b)	
Basic Salary (4p) P Schedul SEQ	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay efits q) P NAME (Last Fi	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES	Total Compensation Present (4s = 4p+4q+4r) P Region No.	Total Ta (Previous 8 Employ (4t = 4) P	axable A Present rers)	EXEMPTION Code Amount (5a) P	Premium F Health a Hospi Insurar (6) P	Paid on nd/or tal nce P ALIST OF I Hazard	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income (7) (8) P P MINIMUM WAGE EARNERS (NON - TAX 13th Month Pay	EMPL (S P (Reported Under	(JAN. OYER a) BIR Form No. 231 SHOSS COMPENS PREVIOUS E SSS,GSIS,P	P P 16) MPLOYEF HIC &	EMPLOYER (9b) COME	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b)	OVER RE (10	WITHHELD TAX FUNDED TO EMPLOYEE b)=(9a+9b)-(8) hth Pay	WIT AS AL (To be reflected in issued by the p (11)=(9b+1)	HHELD JUISTED I BIR Form No. 2316 resent employer) Da) or (9b-10b) Total Taxable	
Basic Salary (4p) P Schedul SEQ	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay ther efits q) P P NAME (Last Name Na	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P Region No. Where Assigned	Total Ta (Previous 8 Employ (4t = 4j P Gross Compensation Income Previous	ixable i Present ers) + 4s) Basic/ SMW	EXEMPTION Code Amount (5a) (5b) P Holiday Overtime Pay Pay	Premium F Health a Hospi Insurar (6) P ALPHA Night Shift Differential	Paid on nd/or tal nce P P ALIST OF F	Net TAX Taxable DUE Compen- (JAN sation DEC.) (7) (8) (7) (8) P P MINIMUM WAGE EARNERS (NON - TAX 13th Month Pay & Other Benefits	EMPL (§ P (Reported Under (ABLE De Minimis Benefits	(JAN. IOUS OYER Ia) BIR Form No. 23 RIOSS COMPENS PREVIOUS E SSS,GSIS,P Pag - ibig Contr and Union I	P F F F F F F F F F F F F F	EMPLOYER (9b) COME Salaries & Other Forms of Compensation	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b) (9a+9b) (9a+9b)	OVER RE (10 P 13th Moi & Oti Bene	WITHHELD TAX FUNDED TOX EMPLOYEE b)=(9a+9b)-(8) her Pay her offits of	WIT AS AD (To be reflected in issued by the p (11)=(9b+1) P P IAXABLE Salaries & Other Forms Compensation	HHELD JUSTED BIR Form No. 2316 resent employer) Ja) or (9b-10b) Total Taxable (Previous Employer)	
Basic Salary (4p) P Schedul SEQ	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay efits q) P NAME (Last Fi	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P P	Total Ta (Previous & Employ (4t = 4j	ixable i Present iers) + 4s) Basic/	EXEMPTION Code Amount (5a) P	Premium F Health a Hospi Insurar (6) P ALPHA Shift	Paid on nd/or tal nce P ALIST OF I Hazard	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income (7) (8) P P MINIMUM WAGE EARNERS (NON - TAX 13th Month Pay & Other	EMPL (S P (Reported Under (ABLE De Minimis	(JAN. (JOUS OYER la) BIR Form No. 23 SHOSS COMPENS PRE VIOUS PRE VIOUS PAg - ibig Contr	P F F F F F F F F F F F F F	EMPLOYER (9b) COME Salaries & Other Forms of	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b) tal Non- ble/Exempt	OVER RE (10 P 13th More & Ott	WITHHELD TAX FUNDED TOX EMPLOYEE b)=(9a+9b)-(8) her Pay her offits of	WIT AS AE (To be reflected in issued by the p (11)=(9b+1) P P TAXABLE Salares & Other Forms	HHELD JUISTED I BIR Form No. 2316 resent employer) Da) or (9b-10b) Total Taxable	
Basic Salary (4p) P Schedul SEQ	13th Mo & C Ber (4	PRESENT EMPL TAXABLE Inth Pay ther efits q) P P NAME (Last Name Na	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where Assigned (4)	Total Ta (Previous & Employ (4t = 4j P Gross Compensation Income Previous (5a)	ixable i Present ers) + 4s) Basic/ SMW	EXEMPTION Code Amount (5a) (5b) P Holiday Overtime Pay Pay	Premium F Health a Hospi Insurar (6) P ALPHA Night Shift Differential	Paid on nd/or tal nce P P ALIST OF F	Net TAX Taxable DUE Compen- (JAN sation DEC.) (7) (8) (7) (8) P P MINIMUM WAGE EARNERS (NON - TAX 13th Month Pay & Other Benefits	EMPL (§ P (Reported Under (ABLE De Minimis Benefits	(JAN. IOUS OYER Ia) BIR Form No. 23 RIOSS COMPENS PREVIOUS E SSS,GSIS,P Pag - ibig Contr and Union I	P F F F F F F F F F F F F F	EMPLOYER (9b) COME Salaries & Other Forms of Compensation	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b) (9a+9b) (9a+9b)	OVER RE (10 P 13th Moi & Oti Bene	WITHHELD TAX FUNDED TOX EMPLOYEE b)=(9a+9b)-(8) her Pay her offits of	WIT AS AD (To be reflected in issued by the p (11)=(9b+1) P P IAXABLE Salaries & Other Forms Compensation	HHELD JUSTED BIR Form No. 2316 resent employer) Ja) or (9b-10b) Total Taxable (Previous Employer)	
Basic Salary (4p) P Schedul SEQ NO (1)	13th Mc & C Ber (4 P e 7.5 TIN (2)	PRESENT EMPL TAXABLE TAXABLE ther efits q) P NAME (Last Name Na (3a) (3 (3a)	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P Region No. Where Assigned	Total Ta (Previous & Employ (4t = 4j P Gross Compensation Income Previous (5a)	ixable i Present ers) + 4s) Basic/ SMW	EXEMPTION Code Amount (5a) (5b) P Holiday Overtime Pay (5c) (5d) P P	Premium F Health a Hospi Insurar (6) P ALPHA Differential (5e) P	Paid on nd/or tal nce P ALIST OF F Pay (5f) P P	Net TAX Taxable DUE Compen- (JAN sation DEC.) (7) (8) P P MINIMUM WAGE EARNERS (NON - IAX 13th Month Pay & Other Benefits (5g)	EMPL (S P (Reported Under (ABLE De Minimis Benefits (Sh) P	(JAN. IOUS OYER ha) BIR Form No. 231 BIR Form No. 231 BIR Form No. 231 PREVIOUS E PREVIOUS E SSS,GSIS,P Pag - ibig Contr and Union f (5i) PREVIOUS	P F F F F F F F F F F F F F	EMPLOYER (9b) COME Salaries & Other Forms of Compensation	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b) (9a+9b) (9a+9b)	OVER RE (10 P 13th Moi & Oti Bene	WITHHELD TAX FUNDED TOX EMPLOYEE b)=(9a+9b)-(8) her Pay her offits of	WIT AS AD (To be reflected in issued by the p (11)=(9b+1) P P IAXABLE Salaries & Other Forms Compensation	HHELD JUSTED BIR Form No. 2316 resent employer) Ja) or (9b-10b) Total Taxable (Previous Employer)	
Basic Salary (4p) P Schedul SEQ NO (1)	13th Mc & C Ber (4 P e 7.5 TIN (2)	PRESENT EMPL TAXABLE Inth Pay ther efits q) P P NAME (Last Name Na	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where Assigned (4)	Total Ta (Previous & Employ (4t = 4j P Gross Compensation Income Previous (5a)	ixable i Present ers) + 4s) Basic/ SMW	EXEMPTION Code Amount (5a) (5b) P Holiday Overtime Pay (5c) (5d) P P	Premium F Health a Hospi Insurar (6) P ALPHA Differential (5e) P	Paid on nd/or tal nce P ALIST OF P Hazard Pay (5f) P P IP	Net TAX Taxable DUE Compen- (JAN sation DEC.) Income (7) (8) P WINIMUM WAGE EARNERS (S) NON - TAX 13th Month Pay & Other Benefits (5g)	EMPL (\$ (Reported Under CABLE De Minimis Benefits (5h) (5h) P rted Under BIR F	(JAN. IOUS OYER ha) BIR Form No. 231 BIR Form No. 231 BIR Form No. 231 PREVIOUS E PREVIOUS E SSS,GSIS,P Pag - ibig Contr and Union f (5i) PREVIOUS	P F F F F F F F F F F F F F	EMPLOYER (9b) COME Salaries & Other Forms of Compensation	AMOUNT & PAID IN DECE (10a)=(8) P	W/HELD FOR MBER (9a+9b) (9a+9b) (9a+9b)	OVER RE (10 P 13th Moi & Oti Bene	WITHHELD TAX FUNDED TOX EMPLOYEE b)=(9a+9b)-(8) her Pay her offits of	WIT AS AD (To be reflected in issued by the p (11)=(9b+1) P P IAXABLE Salaries & Other Forms Compensation	HHELD JUSTED BIR Form No. 2316 resent employer) Ja) or (9b-10b) Total Taxable (Previous Employer)	
Basic Salary (4p) P Schedul SEQ NO (1)	13th Mc & C Ber (4 P e 7.5 TIN (2)	PRESENT EMPL TAXABLE TAXABLE ther efits q) P NAME (Last Name Na (3a) (3 (3a)	Salaries & Other Forms of Compensation (4r) DF EMPLOYEES rst Middle Name	Total Compensation Present (4s = 4p+4q+4r) P P Region No. Where Assigned (4)	Total Ta (Previous & Employ (4t = 4j P Gross Compensation Income Previous (5a)	ixable i Present ers) + 4s) Basic/ SMW	EXEMPTION Code Amount (5a) P P Holiday Overtime Pay (5c) (5d) P P	Premium F Health a Hospi Insurar (6) P ALPHA Differential (5e) P ALPHALIST PRES	Paid on nd/or tal nce P ALIST OF P Hazard Pay (5f) P P IP	Net TAX Taxable DUE Compen- (JAN sation DEC.) (7) (8) (7) (8) P P MINIMUM WAGE EARNERS NON - TAX 13th Month Pay & Other Benefits (5g) UM WAGE EARNERS (Repo	EMPL (\$ (Reported Under CABLE De Minimis Benefits (5h) (5h) P rted Under BIR F	(JAN. 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Who Shall File

This return shall be filed in triplicate by every employer or withholding agent/payor who is either an individual, estate, trust, partnership, corporation, government agency and instrumentality, government-owned and controlled corporation, local government unit and other juridical entity required to deduct and withhold taxes on compensation paid to employees and on other income payments subject to Final Withholding Taxes. The tax rates for and nature of income payments subject to withholding tax on compensation and final withholding taxes are BIR Form 1601-C and 1601F, printed in respectively.

If the payor is the Government of the Philippines or any political subdivision or agency/instrumentality thereof, or governmentowned and controlled corporation, the return shall be made by the officer or employee having control of the payments or by any designated officer or employee.

If the person required to withhold and pay the tax is a corporation, the return shall be made in the name of the corporation and shall be signed and verified by the president, vice president or authorized officer and shall be countersigned by the treasurer or assistant treasurer.

With respect to fiduciary, the return shall be made in the name of the individual, estate or trust for which such fiduciary acts, and shall be signed and verified by such fiduciary. In case of two or more fiduciaries, the return shall be signed and verified by one of such fiduciaries.

When and Where to File

The return shall be filed on or before January 31 of the year following the calendar year in which the compensation payment and other income payments subjected to final withholding taxes were paid or accrued.

The return shall be filed with the Revenue Collection Officer or duly authorized City/Municipal Treasurer of the Revenue District Office having jurisdiction over the withholding agent's place of business/office.

A taxpayer may file a separate return for the head office and for each branch or place of business/office or a consolidated return for the head office and all the branches/offices except in the case of large taxpayers where only one consolidated return is required.

Penalty for failure to file information returns

In the case of each failure to file an information return, statement or list, or keep any record, or supply any information required by the Code or by the Commissioner on the date prescribed therefor, unless it is shown that such failure is due to reasonable cause and not to willful neglect, there shall, upon notice and demand by the Commissioner, be paid by the person failing to file, keep or supply the same, One thousand pesos (P 1,000.00) for each such failure: Provided, however, that the aggregate amount imposed for all such failures during a calendar year shall not exceed Twenty five thousand pesos (P 25,000.00).

Attachments Required

- 1. Alphalist of Employees as of December 31 with No Previous Employer within the Year.
- 2. Alphalist of Employees as of December 31 with Previous Employer/s within the Year.
- 3. Alphalist of Employees Terminated before December 31.
- 4. Alphalist of Employees Whose Compensation Income Are Exempt from Withholding Tax but Subject to Income Tax.
- 5. Alphalist of Employees other than Rank & File Who Were Given Fringe Benefits During the year.
- 6. Alphalist of Payees Subjected to Final Withholding Tax.
- 7. Alphalist of Minimum Wage Earners.

Note: All background information must be properly filled up.

- All returns filed by an accredited tax agent on behalf of a taxpayer shall bear the following information:
 - A. For CPAs and others (individual practitioners and members of GPPs);
 - a.1 Taxpayer Identification Number (TIN); and
 - a.2 Certificate of Accreditation Number, Date of Issuance, and Date of Expiry.
 - B. For members of the Philippine Bar (individual practitioners, members of GPPs);
 b.1 Taxpayer Identification Number (TIN); and

b.2 Attorney's Roll Number or Accreditation Number, if any

- The last 4 digits of the 13-digit TIN refer to the branch code.
- Box No. 1 refers to transaction period and not the date of filing this return.
- TIN= Taxpayer Identification Number.
- The ATC in the Alphabetical List of Payees/Employees shall be taken from BIR Form Nos. 2316 and 2306.
- Employees earning an annual compensation income of not exceeding P 60,000 from one employer who did not opt to be subjected to withholding tax on compensation shall be reported under Schedule 7.2 (Alphalist of Employees Whose Compensation Income are Exempt from Withholding Tax But Subject to Income Tax). (Applicable from January 1 to July 5, 2008)